

NEBRASKA SCHEDULE I—Income Statement

- Attach this schedule to Nebraska Homestead Exemption Application or Certification of Status, Form 458
- Read instructions carefully

FORM
458

Applicant's Name as Shown on Form 458

Applicant's Social Security Number

This Income Statement is filed for (select one only, fill in oval completely, example: ☒):☐ Applicant ☐ Applicant & Spouse ☐ Spouse ☐ Other Owner/Occupant

Spouse's or Other Owner/Occupant's Name

Spouse's or Owner/Occupant's Soc. Sec. No.

NOTE: Do not include other owner/occupant's income on the income statement of the applicant/spouse listed above. Each other owner/occupant's income must be reported on a separate Nebraska Schedule I—Income Statement.

IF MARRIED DURING 2005, YOU MUST REPORT INCOME FOR BOTH YOU AND YOUR SPOUSE.

PART I—For Applicants Who DID NOT FILE a 2005 Federal Income Tax Return

- Complete Worksheet A on reverse side of white copy
- If you filed a 2005 federal income tax return, complete only Part II

Household Income: January 1 through December 31, 2005

1 Wages and salaries	1	\$	
2 Social security retirement income. If none, explain _____	2		
3 Tier I railroad retirement income	3		
4 Total pensions and annuities 4a _____ 4b Taxable amount	4b		
5 IRA distributions 5a _____ 5b Taxable amount	5b		
6 Tax exempt interest and dividends (must include all state and local bond income)	6		
7 Taxable interest and dividends	7		
8 Other income or adjustments (from line G, Worksheet A on reverse side of white copy)	8		
9 TOTAL OF LINES 1 THROUGH 8	9		
MEDICAL AND DENTAL EXPENSES – Caution: Do not include expenses reimbursed by insurance or paid by others			
10a Medical and dental expenses (see instructions)	10a		
10b Multiply LINE 9 by 4% (.04)	10b		
10c Subtract line 10b from line 10a. If line 10b is more than line 10a enter -0-	10c		
11 HOUSEHOLD INCOME (line 9 minus line 10c)	11		

PART II—For Applicants Who FILED a 2005 Federal Income Tax Return

- If you did not file a 2005 federal income tax return, please complete only Part I and Worksheet A.

Household Income: January 1 through December 31, 2005

1 Federal adjusted gross income (AGI) from line 37, Federal Form 1040; line 21, Form 1040A or line 4, Form 1040EZ	1		
2 Social security retirement income (see instructions for Part II, line 2)	2		
3 Tier I railroad retirement income (see instructions for Part II, line 3)	3		
4 Nebraska adjustments increasing federal AGI (from line 12, Form 1040N)	4		
5 Income from Nebraska obligations (from line 42b, Schedule I, Form 1040N)	5		
6 TOTAL OF LINES 1 THROUGH 5	6		
MEDICAL AND DENTAL EXPENSES – CAUTION: Do not include expenses reimbursed by insurance or paid by others			
7a Medical and dental expenses (see instructions)	7a		
7b Multiply LINE 6, Part II, by 4% (.04)	7b		
7c Subtract line 7b from line 7a. If line 7b is more than line 7a enter -0-	7c		
8 HOUSEHOLD INCOME (line 6 minus line 7c)	8		

Under penalties of law, I declare that I have examined this schedule, and that it is, to the best of my knowledge and belief, correct and complete.

sign
here

Signature of Person Whose Income is Shown

(Spouse's Signature if Income Included)

Date

()
Daytime Phone

FILE FORM 458 AND THIS SCHEDULE WITH YOUR COUNTY ASSESSOR AFTER FEBRUARY 1 AND ON OR BEFORE JUNE 30
RETAIN CANARY COPY FOR YOUR RECORDS

WORKSHEET A—Line 8, Part I; Other Income or Adjustments

A Net business (including rental) or farm income or (loss)	A	\$	
B Capital gains or (losses)	B		
C Other gains or (losses)	C		
D Unemployment compensation.	D		
E Any other income or (adjustments reducing income) (explain): _____	E		
F Penalty on early withdrawal of savings	F	<	>
G TOTAL of lines A through F (enter here and on line 8, Part I)	G		